2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N08000005325

Entity Name: THE MORRIS STEIN FOUNDATION, INC.

Current Principal Place of Business:

20706 N.E. 9TH PLACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20706 N.E. 9TH PLACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 42-1765076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFFMAN, ADAM R ESQUIRE
2750 N.E. 185 STREET
SECOND FLOOR
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	STEIN, ROBIN	
Address:	20706 N.E. 9TH PLACE	
City-St-Zip:	MIAMI, FL 33179	
Title:	VP/D	( ) Delete
Name:	SCHIFFMAN, ADAM R	
Address:	2750 N.E. 185 STREET SECOND FLOOR	
City-St-Zip:	MIAMI, FL 33179	
Title:	D	( ) Delete
Name:	BLOOM, MENTORA	
Address:	1257 80TH STREET S.	
City-St-Zip:	ST. PETERSBURG, FL 33707	
Title:	D	( ) Delete
Name:	STEIN, BEVERLY	
Address:	101 BERKLEY ROAD UNIT 308	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	D	( ) Delete
Name:	SCHIFFMAN, ERYCA	
Address:	21100 N.E. 18TH COURT	
City-St-Zip:	MIAMI, FL 33179	
Title:	D	( ) Delete
Name:	REMOS, CAROLINA	
Address:	6860 GULFPORT BLVD. SOUTH	
City-St-Zip:	SO. PASADENA, FL 33707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN STEIN P/D 03/10/2009

Electronic Signature of Signing Officer or Director — Date